

Revised 06/05

## IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD

510 EAST 12<sup>TH</sup>, SUITE 1A

DES MOINES, IA 50319

2007 SEP 11 PM 1:18 Fax: (515)281-4073

www.iowa.gov/ethics

Reset Form

## FORM-GBG

Gift, Bequest, or Grant information received by a department or accepted by the Governor on behalf of the state

## For office use only

Indexed \_\_\_\_\_

Audited \_\_\_\_\_

Checked \_\_\_\_\_

Computer \_\_\_\_\_

Iowa Code section 8.7 requires all gifts, bequests, and grants given to any department of the state of Iowa or received by the Governor on behalf of the state be reported to the Iowa Ethics and Campaign Disclosure Board and the Government Oversight Committee. The Board will provide a copy of this report to the Government Oversight Committee. This form is required to be filed within 20 days of receipt of the gift, bequest, or grant.

## DEPARTMENT OR OFFICE RECEIVING THE GIFT, BEQUEST, OR GRANT:

Independence Mental Health Institute	
Name of Department or Office	
Business Office	
Mailing Address	City, State, Zip Code
2277 Iowa Ave	Independence, Iowa 50644
Area Code & Telephone No.	

## CONTACT PERSON FOR RECIPIENT DEPARTMENT OR OFFICE:

Linda Evers	
Name	
Mailing Address (if different from above)	City, State, Zip (if different from above)
Email Address	Area Code & Telephone Number (if different from above)

## DONOR OF GIFT, BEQUEST, OR GRANT:

Name	
Mailing Address	City, State, Zip Code
Area Code & Telephone Number	
Email Address (optional)	

See Attached	\$
Date of Gift, Bequest, or Grant	Amount/Value*
*value is defined as "fair market value" of item as determined by receiving department or office. If no value mark "0.00".	

Provide a description of the gift, bequest, or grant and purpose thereof:

Criteria to use this form.

Receipt of any gift, bequest, or grant that is received by any department of the state or received by the Governor on behalf of the state.

## Statement of Affirmation:

I, Linda Evers, affirm that the gift, bequest, or grant reported above is accurate. I further affirm that the information concerning the donor and assessment of the fair market value (if applicable) is correct and true to the best of my knowledge.

Linda Evers  
Signature

September 11, 2007

Date

INDEPENDENCE MENTAL HEALTH INSTITUTE  
NON PROFIT REVENUE AND EXPENDITURE REPORT  
AUGUST 2007  
FY 08

DATE	REF #	FND	SOURCE	PURPOSE	DEPOSITS	WITHDR.
				BEGINNIG BALANCE	\$22,873.59	
08/03/07	101147	WPM	KIM KURT	TREATS FOR PATIENT'S	\$0.00	\$28.85
08/07/07	101149	UPF	WAL MART COMMUNITY	PATIENT'S LIBRARY	\$0.00	\$170.34
08/07/07	101150	SFV	BECKY VAN DAELE	QUARTERS FOR SOC. PARTY	\$0.00	\$20.00
08/07/07	101151	SFV	CAPITOL VENDING	CANTEEN BOOKS	\$0.00	\$4.00
08/08/07	10062	SFV	AMVETS AUX., EVANSDALE	CARNIVAL & FOOD BANK	\$50.00	\$0.00
08/08/07	101152	UPF	CAPITOL VENDING	CANTEEN BOOKS	\$0.00	\$48.00
08/09/07	10064	WSF	ELI LILLY & COMPANY	CONFERENCE	\$1,000.00	\$0.00
08/20/07	101153	SFV	DARREL STEPHEN	CREATIVE ARTS LOOM REPAIR	\$0.00	\$130.00
08/23/07	101154	SFV	INDEPENDENCE FOOD BANK	PATIENT'S TREATS	\$0.00	\$23.52
08/27/07	101155	UPF	CAPITOL VENDING	CANTEEN BOOKS	\$0.00	\$19.00
08/28/07	101156	WSF	CNE-NET	CONFERENCE	\$0.00	\$100.00
08/28/07	101157	WSF	U.S. POST OFFICE	STAMPS FOR CONFERENCE	\$0.00	\$123.00
08/28/07	101158	WPM	KIM KURT	TREATS FOR PATIENT'S	\$0.00	\$52.18
08/29/07	101159	SFV	MHI DIETARY DEPT.	PATIENT'S FRUIT	\$0.00	\$11.42
08/29/07	101160	UPF	CAPITOL VENDING	CANTEEN BOOKS	\$0.00	\$12.00
					\$1,050.00	\$742.31
						\$23,181.28

## Monthly Volunteer Report for:

For month of :

August

Independence Mental Health Institute, Independence, Iowa 50644

use this form for monthly reporting

submit report monthly (by end of following month)

to Sandy Knudsen RBA division

sknudse@dhs.state.ia.us

1. # of individuals registered as DHS Volunteers	2007	70						
2. # of Groups registered as DHS Volunteer Groups		9						
	3. Total # Volunteers Active This Month	4. Total # Hours Active This Month	5. Cumulative Hours to Date	6. # Clients Served - Adults 18 to 59	7. # Clients Served - Adults 60 or older	8. # Clients Served - Children 0 to 17*		
a. Individual Volunteers - providing direct Service to clients/residents	1	12	18					
b. Individual Volunteers - providing Indirect Service, i.e., clerical assistance, etc.	2	16	87					
c. Individuals in Groups Direct Service to clients/residents	6	48	216					
d. Individuals in Groups Indirect Service i.e., clerical assistance, etc.	0	0	49					
e. Stipend Volunteers (i.e., Foster Grandparents, Promise Jobs, Green Thumb, etc.)	10	39	68					
<b>TOTAL</b>	<b>19</b>	<b>115</b>	<b>438</b>	<b>56</b>	<b>5</b>	<b>77</b>		

\* new federal reporting requirement

Report completed by: Becky Van Daele, Volunteer Coordinator

## CONTRIBUTIONS REPORT

Institution/Bureau Independence Mental Health

Region \_\_\_\_\_ County BuchananAugust 2007  
Month/YearName of person completing report Becky Van Daele Title Volunteer Coordinator

DATE	CONTRIBUTOR (Name & Address if Available)	Contribution	\$ Value	Check type Cash In-Kind		Purpose - If Specified
8/17/2007	Laura Van Daele 134 Benson Ave. Fairbank, Iowa 50629	Cookies	24.00		X	Patients Use
8/29/2007	Arlis E. Kraiz 43860 Dogwood Ave. St. Ansgar, Io. 50472	10 Health Kits	50.00		X	Patients Use
8/29/2007	Joyce Schlueter 1189 300 <sup>th</sup> St. Ryan, Iowa 52330	Tray Favors	35.00		X	Patients Use
8/20/07	Please see attached sheet for itemized listings of cash		1050			

Total value of this page: \$ 1159.00Total value of pages 1 thru 1: \$ 1159.00